MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

420.1
944a

0823

CERTIFICATE OF DEATH

Reg. Dist. No. 288 281

1. PLACE OF DEATH:

County St Marys

City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, Institution, or street address where death occurred:
St Marys Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural Valley Lee
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME John Walter Bennett

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Widowed

6.(b) Name of husband or wife Louisa Bennett

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 16 1868

8. AGE: Years	Months	Days	If less than one day
80	1	16	..... hrs. ..... min.

9. Birthplace Great Mills Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business Carpenter

FATHER
12. Name Watley Bennett
13. Birthplace Maryland

MOTHER
14. Maiden name Grace Bennett
15. Birthplace Maryland

16. Informant Joseph Bennett
Address Valley Lee Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3, 1949 (month) (day) (year)

Cemetery or crematory Bethsaida Cemetery

Location Valley Lee Md

18. Funeral director Wm C Mattingleys Sons

Address Leonardtown Md

19. Jan 2 1949 (Date rec'd by registrar) O J Bean MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1949, at 4.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940 to January 1949 and that I last saw him alive on Dec 31 1948

Immediate cause of death	DURATION
Coronary sclerosis	6 years
Due to Arterio sclerosis	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE O J Bean MD
M. D. or other

Address Great Mills Md Date signed Jan 2/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0824

420.1

940

Reg. Dist. No. 281

1. PLACE OF DEATH
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge | rural (
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) Belle (Last) Biscoe

4. DATE OF DEATH (Month) 1 (Day) 20 (Year) 1949

5. SEX female

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 3/23/1879

9. AGE last birthday 69 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Young

14. MOTHER'S MAIDEN NAME Elizabeth Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Dorthy Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary sclerosis — Interval between onset and death: 2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1947, to 1-, 1949, that I last saw the deceased alive on 1- —, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P.J. Beary M.D. Great Mills Md 1-23-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 1/24/49

NAME OF CEMETERY OR CREMATORY DT. Peters

LOCATION (City, town, or county) (State) Ridge Md.

DATE REC'D BY LOCAL REG. 1-23-49

REGISTRAR'S SIGNATURE P.J. Beary M.D.

24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

491/107 0825 Reg. Dist. No. 282

1. PLACE OF DEATH:
County: St Marys
City or town: Leonardtown Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 hours
Hospital, institution, or street address where death occurred: St Marys Hospital Leonardtown Md
How long in hospital or institution? 7 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St Marys
City or town: Holly Wood
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R. F. D #1
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
Mary Helen Brooks

3.(b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Infant
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Aug 13 - 1948

8. AGE: Years | Months: 4 | Days: 28 | If less than one day ... hrs. ... min.

9. Birthplace: Leonardtown St Marys Maryland
(Town, county, and state)
10. Usual occupation: Infant
11. Industry or business
FATHER
12. Name: Franklin Henry Brooks
13. Birthplace: Georgia
MOTHER
14. Maiden name: Mary Heard
15. Birthplace: St Marys Co
16. Informant: Mrs Mary Heard Brooks
Address: Holly Wood Maryland
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan 11 1949 (month) (day) (year)
Cemetery or crematory: St Aloysius
Location: Leonardtown Maryland
18. Funeral director: W C Mattingley Sons
Address: Leonardtown Md.
19. 1/11 1949 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 11 1949 at 1.30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9th 1949 to 1-11 1949
and that I last saw her alive on Jan 11th 1949
Immediate cause of death: Bronchopneumonia From Long I saw it — DURATION 31 Hrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: F. F. Greenwell M. D. or other
Address: Leonardtown Md Date signed 1-11-49

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If the correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS A15 9-45-15M

RECEIVED
JAN 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.2 / 93d

Reg. Dist. No. 0826

1. PLACE OF DEATH:

County St Marys

City or town near Laurel Grove Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:
Mechanicsville Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town near Laurel Grove
(If outside city or town limits, write RURAL and give nearest town)

Street No. Mechanicsville R F D # 1
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME George William Burch

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Mary E. Burch

6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.): July 18 – 1859

8. AGE: Years 89 | Months 5 | Days 27 | If less than one day ..... hrs. ..... min.

9. Birthplace: St Marys Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: same

FATHER
12. Name: John Burch
13. Birthplace: St Marys Co

MOTHER
14. Maiden name: Margret Hill
15. Birthplace: St Marys Co

16. Informant: Mrs Mary E. Burch
Address: Mechanicsville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan 15 1949
(month) (day) (year)

Cemetery or crematory: St Joseph

Location: Morganza Maryland

18. Funeral director: W. C. Mattingley Sons
Address: Leonardtown Maryland

19. 1/14 49 Cavalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 13 1949, at 8.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1949, to Jan 13 1949 and that I last saw him alive on Jan " 1949

Immediate cause of death: Chronic Myocarditis

Due to

Due to

Other conditions: Senility

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Frank A. Cavalier
M. D. or other

Address: Leonardtown Date signed 1/14/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0827

344
83d

CERTIFICATE OF DEATH

Reg. Dist. No. 252

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH
COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
MARYLAND — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Helen, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) SHELDON (Last) DYSON
4. DATE OF DEATH: (Month) Jan (Day) 15 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar. 8 1917
9. AGE last birthday: 31 yrs. — If under 1 year: Months 10, Days 7, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Helen Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Dyson
14. MOTHER'S MAIDEN NAME: Mary Josephine Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: Mary Josephine Carter Dyson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Right side Paralysis — Interval between onset and death: 1/10/49

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Old cerebral damage since Meningitis 9 years ago.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1949, to Jan 15, 1949, that I last saw the deceased alive on Jan 14, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alaysius C. Welch M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: Jan 17 1949 — NAME OF CEMETERY OR CREMATORY: St. Joseph — LOCATION (City, town, or county) (State): Margaya Md.

DATE REC'D BY LOCAL REG. 1/16/49 — REGISTRAR'S SIGNATURE Canalach

24. FUNERAL DIRECTOR: W. B. Mattingley Sons — ADDRESS: Leonardtown Md.

VS. A15

RECEIVED
JAN 19 1949
BUREAU V. S.

mw

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

812 5 r 0828

170 C

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY St Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route #5	STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print) (First) Albert	(Middle) Joseph	(Last) Herbert	4. DATE OF DEATH (Month) 1 - (Day) 29 - (Year) 1949	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 3-8 1924	9. AGE last birthday 24 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Alton J. Herbert		14. MOTHER'S MAIDEN NAME Bessie R. Buckler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Bessie R. Herbert		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subarachnoid Hemorrhage — immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull — immediate

(c) Compound fracture of both legs, — immediate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. multiple lacerations of face & scalp.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway	(CITY OR TOWN) New Market, (COUNTY) St. Mary's, (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 29 (Year) 1949 (Hour) 11 P.m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Hit by automobile

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at..... m., from the causes and on the date stated above.

Dead when first seen

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Julian I. Lane	M.D.	Leonardtown, Md.	1/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-1-49	NAME OF CEMETERY OR CREMATORY St. Joseph	LOCATION (City, town, or county) Morganza, (State) Md.
DATE REC'D BY LOCAL REG. 1/31/49	REGISTRAR'S SIGNATURE Camalus	24. FUNERAL DIRECTOR F.B. Robinson	ADDRESS Leonardtown Md.

RECEIVED
FEB 1 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

545 930 0829

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
County: St. Marys
City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
St. Marys Hospital
How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St. Marys
City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: George Morgan Knight

3.(b) Social Security Number: 220-16-7497

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Grace W. Knight
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): July 25, 1877

8. AGE: Years	Months	Days	If less than one day
71	5	9	...hrs. ...min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: salesman
11. Industry or business

FATHER
12. Name: Benjamin F. Knight
13. Birthplace: Maryland

MOTHER
14. Maiden name: Wilhelmina Morgan
15. Birthplace: Maryland

16. Informant: Grace W. Knight
Address: Leonardtown, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/5/49 (month) (day) (year)
Cemetery or crematory: St. Johns
Location: Hollywood, Maryland

18. Funeral director: P.B. Robinson
Address: Leonardtown, Maryland

19. 1/4 48 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION (1949)

20. DATE OF DEATH: January 3 1949, 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 12 1948, to January 3 1949 and that I last saw h.. alive on January 2 1949

Immediate cause of death	DURATION
Heart failure	1/3/49
Due to: Gastric Hemorrhage	1/3/49
Due to: Undetermined	
Other conditions: Arteriosclerotic Heart Disease (Include pregnancy within 3 months of death)	Several yrs.

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Robert V. Fuchs, M.D. M. D. or other
Address: Leonardtown, Md. Date signed 1/3/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0830

153
462

Reg. Dist. No. 281

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown Park Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:
15 Rennell Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Leonardtown Park
(If outside city or town limits, write RURAL and give nearest town)

Street No. 15 Rennell Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Samuel Jackson Lowe

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Maggie Mae Lowe

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 17 1866

8. AGE: Years: 82 | Months: 1 | Days: 15 | If less than one day: hrs. min.

9. Birthplace: Sussex Delaware
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Same

FATHER
12. Name: William E. Lowe
13. Birthplace: Sussex Co Del

MOTHER
14. Maiden name: Mary Ellen Phillips
15. Birthplace: Sussex Co, Delaware.

16. Informant: L. M. Wright
Address: Leonardtown Park Md

17. Burial, cremation, or removal. Which?: Burial
Date thereof: Jan 4 1949
(month) (day) (year)

Cemetery or crematory: Red Men Lodge

Location: Sharptown Wicomico Md

18. Funeral director: W. T. Hearn
Address: Sharptown Md

19. Jan 1 1949
(Date rec'd by registrar)
P J Bennett MD
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 1 1949 at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1946 to Jan 1949 and that I last saw him alive on Dec 30 1948

Immediate cause of death	DURATION
Carcinoma of intestine	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: P J Bennett MD
M. D. or other

Address: Quantico Md Date signed: 1/1/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1949
BUREAU V. S.

0831

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

481
33b

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys

City or town Piney Point Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Piney Point Maryland

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Piney Point
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Arthur R. Morgan

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 - 1887

8. AGE:

Years	Months	Days	If less than one day
61	10	27	hrs. min.

9. Birthplace Piney Point St Marys Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Same

FATHER
12. Name Daniel Morgan
13. Birthplace St Marys Co

MOTHER
14. Maiden name Pattsey Seldon
15. Birthplace Va

16. Informant Daniel Morgan
Address Piney Point Md

17. Bureau
(Burial, cremation, or removal. Which?)
Date thereof Jan 13 1949
(month) (day) (year)

Cemetery or crematory St Marks Cemetery

Location near Valley Lee Maryland

18. Funeral director W C Mattingley Sons
Address Leonardtown Md

19. 1/10/ 1948 Camalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1949 at 7.30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/15 1948 to 1/9 1949 and that I last saw him alive on 1/8/49 19

Immediate cause of death	DURATION
Acute myocarditis	3 weeks
Due to Influenza	6 weeks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. X. Thompson
M. D. or other

Address Lexington Park Date signed 1/9/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
JAN 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0832

7562
157 rr

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MARYLAND
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Marys Hospital Leonardstown Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Great Mills
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Johnson (Middle) William (Last) Russell Jr

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Jan 28 - 1949

9. AGE last birthday: yrs. If under 1 year: Months. Days: 2 Hours: 3 If under 24 hrs.: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Johnson William Russell

14. MOTHER'S MAIDEN NAME: Mary Ed. Spalding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none Infant

17. INFORMANT: Johnson W. Russell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital absence of bile ducts. — Interval between onset and death: 1 week.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pancreatitis — 1 week

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Jaundice — 1 week.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Leonardstown (CITY OR TOWN) St Marys (COUNTY) Maryland (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1949 to Jan. 30, 1949, that I last saw the deceased alive on Jan. 29, 1949, and that death occurred at 2:55 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Leonardstown Md. DATE SIGNED: 1/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan 30-49
NAME OF CEMETERY OR CREMATORY: Little Flower
LOCATION (City, town, or county) (State): Great Mills St Marys Md

DATE REC'D BY LOCAL REG.: 1/30/49
REGISTRAR'S SIGNATURE: P J Beam MD

24. FUNERAL DIRECTOR: W C Mattingly & Sons ADDRESS: Leonardstown Md

RECEIVED
FEB 1 1949
BUREAU V. S.

mw

EVIDENCE FOR STATEMENT #21 IS ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0833

FILM No. G 11 MAR 28 1949

CERTIFICATE OF DEATH

825.5

170 C

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital	STREET ADDRESS (If rural give location) Hollywood Md.

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) — (Last) YOUNG			4. DATE OF DEATH (Month) 1 (Day) 17 (Year) 1949			
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH ? 1872	9. AGE last birthday 77 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Florence Mack			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — ? to 1/17/49

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Nephrosclerosis — ? to 1/17/49

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Concussion — 1/9/49 to 1/17/49

19a. DATE OF OPERATION none — 19b. MAJOR FINDINGS OF OPERATION none — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Unknown on basis of clinical evidence (3/28/49 ok) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hollywood to Waterly road — (CITY OR TOWN) Near Hollywood, (COUNTY) St Mary's (STATE) Md

TIME OF INJURY (Month) 1 (Day) 9 (Year) 49 (Hour) 5 p.m. — INJURY OCCURRED While at Work ☐ Not While At work ☑ — HOW DID INJURY OCCUR? Automobile ?

22. I hereby certify that I attended the deceased from 1/9/49, 19....., to 1/17/49, 19....., that I last saw the deceased alive on Jan 16, 1949, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE Wm D Boyd (Degree or title) MD — ADDRESS Leonardtown — DATE SIGNED 1/17/49

23. BURIAL, CREMATION REMOVAL (Specify) — DATE Jan. 20/49 — NAME OF CEMETERY OR CREMATORY St. Jo Ann's — LOCATION (City, town, or county) Hollywood (State) Md

DATE REC'D BY LOCAL REG. 1/19/49 — REGISTRAR'S SIGNATURE Carmalin — 24. FUNERAL DIRECTOR A.B. Robinson — ADDRESS Leonardtown

St. Clare M.D. Leonardtown, Md. 1/18/49.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
JAN 21 1949
BUREAU T. S.